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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	Titan
	First Named Inventor	Michael Kloepfer
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
Examiner Name		

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## TRUCK/TRAILER BOX CONSTRUCTIONS

the specification of which

*(Title of the Invention)*

is attached hereto

IS 2

OR was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number.

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application, having a filing date, before that of the application on which priority is claimed.

Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/>	OR <input checked="" type="checkbox"/> Correspondence address below						
<b>Name</b> Delbert J. Barnard  <b>Address</b> Barnard & Pauly, P.S.  <b>Address</b> P.O. Box 58888  <table border="1"> <tr> <td><b>City</b> Seattle</td> <td><b>State</b> WA</td> <td><b>ZIP</b> 98138-1888</td> </tr> <tr> <td><b>Country</b> USA</td> <td><b>Telephone</b> 206-246-0568</td> <td><b>Fax</b> 206-243-4618</td> </tr> </table>					<b>City</b> Seattle	<b>State</b> WA	<b>ZIP</b> 98138-1888	<b>Country</b> USA	<b>Telephone</b> 206-246-0568	<b>Fax</b> 206-243-4618
<b>City</b> Seattle	<b>State</b> WA	<b>ZIP</b> 98138-1888								
<b>Country</b> USA	<b>Telephone</b> 206-246-0568	<b>Fax</b> 206-243-4618								
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>										
<b>NAME OF SOLE OR FIRST INVENTOR :</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
<b>Given Name</b> (first and middle [if any]) Michael			<b>Family Name</b> or Surname	Kloepfer						
<b>Inventor's Signature</b>				Date						
<b>Residence:</b> City <input type="text" value="Delhi"/>	<b>State</b> <input type="text" value="Ontario"/>	<b>Country</b> <input type="text" value="Canada"/>	<b>Citizenship</b> <input type="text" value="Canadian"/>							
<b>Mailing Address R.R. #3</b>										
<b>Mailing Address</b>										
<b>City</b> <input type="text" value="Delhi"/>	<b>State</b> <input type="text" value="Ontario"/>	<b>ZIP</b> <input type="text" value="N4B 2W6"/>	<b>Country</b> <input type="text" value="Canada"/>							
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
<b>Given Name</b> (first and middle [if any])			<b>Family Name</b> or Surname							
<b>Inventor's Signature</b> 				Date <input type="text" value="Dec. 30/2000"/>						
<b>Residence:</b> City <input type="text" value="Delhi"/>	<b>State</b> <input type="text" value="Ontario"/>	<b>Country</b> <input type="text" value="Canada"/>	<b>Citizenship</b> <input type="text" value="Canadian"/>							
<b>Mailing Address</b>										
<b>Mailing Address</b>										
<b>City</b> <input type="text" value="Seattle"/>	<b>State</b> <input type="text" value="WA"/>	<b>ZIP</b> <input type="text" value="98138-1888"/>	<b>Country</b> <input type="text" value="USA"/>							
<input type="checkbox"/> Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0551-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Michael Kloepfer
Group Art Unit	
Examiner Name	
Attorney Docket Number	Titan

I hereby appoint:

Practitioners at Customer Number

→   
Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Delbert J. Barnard	20,515
Joan H. Pauly	30,207

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Delbert J. Barnard
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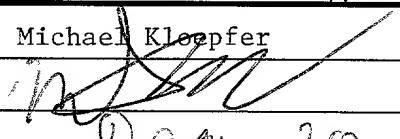
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Michael Kloepfer
Signature	
Date	Oct. 30 2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.